

## Sleep

A newborn should sleep either on his/her back or side. These positions help reduce the risks of sudden infant death syndrome. Use a firm mattress with a fitted sheet. Do not put any extra blankets, stuffed animals or toys in the crib, as these pose a smothering risk. Check to make sure your crib has not been recalled, and that the slats are not wide enough for the baby to get his or her head stuck between.

There is an increased risk of Sudden Infant Death Syndrome (SIDS) if you smoke. For more help and information on how to quit smoking you can contact the Preventive Medicine Office, at 912-435-5105, and ask for more information about the Ready to Quit Program.



Make sure your baby gets some “tummy time” when they are awake. This helps them build arm strength so they can explore their environment and learn to roll over.

## Bathing

Babies' skin is normally dry, and may crack or peel, especially around the hands and feet. This is normal, especially if your baby was delivered after your due date. It is not necessary to use any powders, creams or lotions for a few weeks. Newborns do not need a bath more frequently than every 2-3 days. Full baths can be given when the umbilical cord has fallen off and has healed (approx 2 weeks). In the mean time, sponge baths are recommended when the diaper area or head get dirty. Mild soaps are recommended to use while bathing an infant. Never leave the infant unattended during bath time.

## Cord Care

Keep the umbilical cord dry by ensuring that it is not underneath the diaper. The cord will continue to dry on its own after birth and will fall off within 2 weeks. Do not pull off the umbilical cord. Clean the cord with an alcohol wipe at every diaper change. Use alcohol wipes to dry the yellowish or moist areas of the cord after each diaper change. Do not saturate the cord with alcohol. A little bleeding may occur where the cord attaches to the skin as it is falling off. Contact the Pediatric Clinic if you notice:

- ⇒ Excessive oozing, discharge or foul smell from the umbilical area
- ⇒ Bleeding greater than the size of a quarter
- ⇒ Bleeding that does not stop despite 10 minutes of gentle pressure
- ⇒ Red streaks around the navel
- ⇒ Fever (100.4 or greater measured rectally).



## Circumcision Care

### *Appearance*

The glans of the penis can look swollen and reddened with a small amount of drainage up to 24 hours after the circumcision. You may notice a thick, whitish yellowish or clear coating over the head of the penis for a few days after the procedure. This is normal. It is part of the healing process and does not indicate any infection. Your baby may be irritable during this time. It takes approximately one week for the circumcision to heal.



### *Care*

Always wash your hands before and after a diaper change to prevent infection.

It is important to keep the circumcision area clean. Gently cleanse the penis with soap and water as needed.

Continue to apply petroleum jelly liberally to the head of the penis and diaper area with every diaper change for the first 1-2 days.

Sponge baths are highly recommended until both the umbilical cord has fallen off and the circumcision has healed (approx 2 weeks).

### **Contact the Pediatric Clinic for any of the following:**

- 1) Extreme redness and swelling
- 2) Green or foul discharge
- 3) Fever greater than 100.4
- 4) Bleeding larger than quarter size with every diaper change
- 5) Little or no urine within first 12 hours of circumcision

## Diaper Area

It is important to prevent diaper rash. Change your baby's diaper as soon as possible after each void or bowel movement. The basics for preventing diaper rash are regular diaper changes and thorough cleaning with baby wipes or soap and water. Avoid powders in the diaper area. A barrier cream containing zinc oxide (i.e. Balmex®, Desitin®) can help stop diaper rash. Remember to wash your hands before and after every diaper change. Do not aggressively clean between the labia of baby girls. The tissues are very sensitive and bleed easily. Baby girls often have a clear white vaginal discharge and this is normal.

Call for a routine appointment with the Pediatric Clinic if:

- ➡ A rash lasts longer than three days, looks "angry red", or has little bumps in the creases of the legs.



## Voiding and Stooling

A well hydrated infant will normally make at least 5-6 wets daily. This is usually evident by the 3rd-4th day of life. The stools during the first 24-48hrs are called meconium. They are thick, sticky, and black to green in color. These turn gradually to a yellowish, mustard color, sometimes appearing “seedy”. This is normal. The frequency of bowel movements varies significantly. A baby may stool after every feeding, or may go 3-5 days between stools. This may be normal as long as the infant is feeding well, not vomiting, and the belly is soft. Some breastfeeding children go 7-14 days without a stool. Grunting and straining (turning red in the face, bringing knees up to the chest and crying) when passing a stool is normal especially when stools are soft. Babies cannot generate enough pressure to evacuate the stool without these maneuvers. This does not mean the baby is constipated. It may be helpful to keep a diary of your baby’s stooling pattern. Notify the pediatric clinic if your baby has any of the following:

- ➡ Hard, pellet like stools more than 2 days in a row
- ➡ Large volume, very watery stools
- ➡ Blood or mucus in the stools
- ➡ Vomiting especially if yellow or green in color
- ➡ Less than four wet diapers per day by the fourth day of life or only meconium stools by the 5th day of life

## Formula Feeding

Bottle fed infants should feed every 3 to 4 hours; even at night for the first few weeks.



The average feeding varies between 1-3 ounces, although the first few feedings your baby may only take 1/2 ounce. Feed your newborn an iron-fortified formula with 20 calories per ounce, such as Similac with Iron ®, or Enfamil with Iron ®. Take note of which formula type you are using (ready to use, concentrate, and powder) and follow the directions. Putting too much water in formula will not allow the infant the amount of nutrition needed for healthy growth. Making formula too thick can hurt the infant’s kidneys. If using a

powdered or concentrated form, make sure to mix formula with water (no special preparation is needed, if you use bottled water—your child will eventually need fluoride supplementation) as directed by the manufacturer. You will know your infant is getting enough nutrition if he/she has 7 or more wet and dirty diapers a day, and seems content in between feedings. Burp your baby before each feeding, and after every ounce of formula. Never prop up a bottle as it may cause the baby to choke. Do not put babies to bed with a bottle. This may lead to more ear infections, tooth decay and aspiration (choking). Infants do not need anything but breastmilk or formula during the first 4-6 months.

## **Do not offer your infant water or juices unless directed so by your Pediatrician**

Do not place cereal in the baby’s bottle. This may be harmful, and has not been shown to help infants sleep through the night. It is not recommended to give your baby any whole milk until they are at least one year (12 months) old. Do not put honey in your babies bottle.

## Jaundice

You may notice a yellow coloring to your baby's skin. This is usually seen after the first day of life, usually peaks by the 3rd day of life, then slowly resolves. This is a result of normal red blood cell breakdown and immature digestion. Frequent feedings to encourage stooling and exposure to sunlight maybe helpful. Please call the pediatric clinic if you feel your infant's jaundice is not improving by the 4th day of life. If you do notice jaundice sunlight can help. If you feed your baby while he/she is naked in direct sunlight (near a window), this will help decrease the jaundice.

## Safety

Ensure that your newborn is in a rear facing car seat when in an automobile. Make sure that your infant's crib is safe with the space between bars measuring less than 2 3/8 inches apart. Crib sheets should fit snugly around the mattress. Place detergents and medicines out of reach of small hands as well as covering electrical outlets with safety plugs.

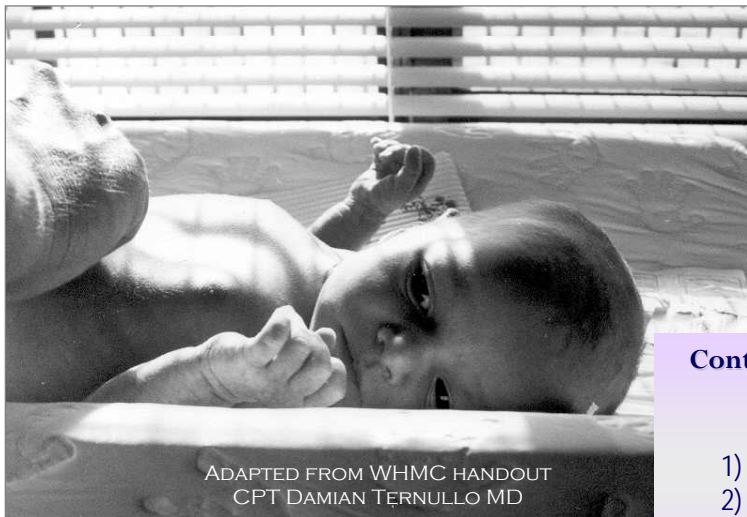


Sometimes infants become fussy and cry a lot. **DO NOT EVER SHAKE A BABY** out of rage. Shaking a baby will cause blindness, brain damage, and other serious long term consequences. Never hit or abuse your infant. Always have a support person available to help you if you are feeling overwhelmed.

Do not leave your baby unattended on the changing table, sofa, bed or in a car. Do not leave your baby unattended with other children or with animals.

## Well Baby Checks

Well baby checks are very important in order to follow your infant's growth and development and staying up to date with immunizations.



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**Contact your infant's Pediatrician if any of the following are to occur:**

- 1) Fever greater than 100.4
- 2) Infant becomes lethargic and is not feeding
- 3) Umbilical cord site becomes infected
- 4) Infant is not urinating or stooling